Propensity score matched cumulative one year costs

Variable	EES (N = 714)	BMS (N = 714)	Difference (95% CI)	p for Difference
Index stenting cost, $	2288 ±1104 [1,650]	1107±528 [800]	1181 (1094 to 1274)	<0.001
Follow-up costs				
Repeat revascularization cost, $	917 ± 7551 [0]	2086 ± 9395 [0]	-1169 (-2105 to -344)	0.010
Clopidogrel therapy cost, $	1939 ± 562 [2139]	1496 ± 862 [2139]	443 (367 to 511)	<0.001
Aggregate 1-year cost, $	5145 ± 7612 [3789]	4689 ± 9436 [2939]	456 (-508 to 1291)	0.32
Assuming generic clopidogrel cost, $*	3537 ± 7662 [2015]	3448 ± 9429 [1165]	88 (-864 to 922)	0.85

Values in brackets are medians. *Cost of generic clopidogrel assumed as $1/day.

Conclusions: In this prospective observational registry, the cost per TLR avoided with EES was <$10,000. With the advent of generic thienopyridine availability, the cost effectiveness profile shifts significantly in favor of EES, with similar 1-year aggregate costs compared to BMS.

TCT-607

Clinical Outcome in Chinese Patients with Long Lesion or Small Vessel/Multivessel Disease Receiving XIENCE V Everolimus-Eluting Stent: Early Results From the SEEDS Study

Bo Xu[1], Yuejin Yang[1], Yaling Han[2], Bao Li[3], Qiang Liu[4], Guoying Zhu[5], Junyu Cui[6], Lang Li[7], Shuzheng Lu[8]
[1]Fu Wai Hospital, National Center for Cardiovascular Diseases, China, Beijing, China, [2]Shenyang Norther Hospital, Shenyang City, China, Shenyang, China, [3]Shanxi Provincial Cardiovascular Institute, Taiyuan, China, [4]Shenzhen Sun Yat-Sen Cardiovascular Hospital, Shenzhen, China, [5]Wuhan Asia Heart Hospital, Wuhan, China, [6]Beijing Military General Hospital, Beijing, China, [7]First Affiliated Hospital of Guangxi Medical University, Nanning, China, [8]Affiliated Anzhen Hospital of Capital Medical University, Beijing, China

Background: The efficacy and safety of XIENCE V® everolimus-eluting coronary stents (XIENCE V, Abbott Vascular, Santa Clara, CA, USA) have been demonstrated in pre-marketing and post-marketing studies with low rates of target lesion revascularization (TLR), major cardiac adverse events and stent thrombosis (ST). However, these results were mainly obtained in populations of European heritage. SEEDS is the first study in China to evaluate XIENCE V's performance in Chinese patients with complex lesions.
Methods: This is a prospective, multicenter registry designed to enroll up to 1900 patients with long lesions or small vessel/multivessel coronary disease at 45 sites in Mainland China, Taiwan and Macao. The primary endpoint is ischemia-driven target vessel failure (TVF) at 12-month. Clinical follow-up is at 30 days, 6, 12 and 24 months. All clinical endpoints are adjudicated by independent clinicians and 100% of data are monitored. In this analysis, descriptive statistics are provided for baseline characteristics and clinical endpoints by an independent statistical commission.
Results: A total of 365 (19.2%) small vessel patients, 781 (41.1%) long lesion patients, and 754 (39.7%) multivessel patients with 2825 lesions were treated. Clinical, device and lesion success rates were 99.47%, 99.95%, and 99.96% respectively. The table below shows baseline characteristics and 30-day clinical outcomes.

Table: Baseline Characteristics and 30-Day Clinical Outcome

	Baseline Characteristics (N=1,900)
Age (years)	59.59 ± 9.50
Diabetes	27.94%
Current smoker	42.42%
Hypertension	64.35%
Hyperlipidemia	37.33%
Prior MI	25.11%
% Pts with ≥ 2 Stents/Lesion	31.22%
Total stent length/lesion (mm)	22.50 ± 5.49

	Clinical Endpoint Results at 30 Days			
	Small Vessel (n=365)	Long Lesion (n=781)	Multivessel Disease (n=754)	All (n=1,900)
Death	0.00%	0.00%	0.27%	0.11%
Cardiac death	0.00%	0.00%	0.27%	0.11%
MI	2.47%	2.56%	4.11%	3.16%
Q-wave MI	0.27%	0.38%	0.40%	0.37%
Non Q-wave MI	2.19%	2.18%	3.71%	2.79%
TLR	0.0%	0.0%	0.27%	0.11%
TVF	2.47%	2.56%	4.77%	3.42%
Acute ST (Def/Prob)	0.00%	0.26%	0.27%	0.21%
Subacute ST(Def/Prob)	0.55%	0.00%	0.40%	0.26%

Conclusions: In this large, multicenter, real-world study of Chinese population with complex lesion subsets, XIENCE V demonstrated low rates of ST, TLR and TVF at 30-day. Long-term results will document the safety and effectiveness of XIENCE V in high risk cohorts with long lesion and small vessel/multivessel disease from clinical settings in China. 6-month results will be available at TCT Miami.

TCT-608

Two-Year Outcomes after Implantation of XIENCE PRIME and XIENCE PRIME Long Lesion Stents in Patients with Coronary Artery Disease: Results of the SPIRIT PRIME Multicenter Pivotal Clinical Trial

Marco Costa[1], Dean Kereiakes[2], Robert Smith[3], Ken Wu[3], Xiaohe Yu[3], Louis Cannon[4], John Wang[5], Krishnankutty Sudhir[3]
[1]Case Western Reserve University, Cleveland, USA, [2]The Christ Hospital Heart & Vascular Center, Cincinnati, USA, [3]Abbott Vascular, Santa Clara, CA, [4]McLaren Northern Michigan Hospital, Heart & Vascular Institute, Petoskey, Michigan, [5]Union Memorial Hospital, Baltimore, MD

Background: The SPIRIT PRIME trial demonstrated the clinical equivalence of the next generation XIENCE PRIME everolimus-eluting stent (EES, Abbott Vascular, Santa Clara, CA) to the XIENCE V EES at 1 year. Longer-term outcomes with the XIENCE PRIME stent have not been investigated.
Methods: SPIRIT PRIME, a prospective, pivotal, non-randomized clinical trial with two separate arms, tested the XIENCE PRIME in both core size (CSR) and long length (LLR) (33 and 38 mm) stent registries. The CSR analyzed 401 patients and the LLR 104 patients. Treatment of up to 2 *de novo* lesions in different epicardial vessels was allowed. The primary endpoint was 1-year target lesion failure (TLF; cardiac death, target vessel myocardial infarction [TV-MI] or clinically indicated target lesion revascularization [CI-TLR]) compared to pre-specified performance goals based on historical data and in accordance with FDA requirements. Data were fully monitored and all endpoint events adjudicated by an independent clinical events committee.
Results: There were 447 target lesions treated in the CSR and 124 in the LLR. Clinical device success rates were 98.2% in the CSR and 97.6% in the LLR. Female and diabetic subjects were 29.7% and 34.9% in the CSR and 37.5% and 35.6%, in the LLR, respectively. Elderly subjects (≥65 years old) comprised 41.6% of the CSR and 46.2% of the LLR. The **Table** shows outcomes through 2 years.

POSTERS